

1300 S. Evergreen Park D  
P.O. Box 47250  
Olympia, WA 98504-7250  
Phone: 360-664-1222  
Fax: 360-586-1181  
TTY: 360-586-8203  
or  
1-800-416-5289  
email: transportation@utc.wa.gov

## HOUSEHOLD GOODS MOVING COMPANY PERMIT APPLICATION

| FOR OFFICIAL USE ONLY |                 |                            |                    |
|-----------------------|-----------------|----------------------------|--------------------|
| Date Filed:           | DOL/SOS:        | ID: 18789                  | Docket #: 10238    |
| Staff Assigned        | Insurance       | Inspection                 | Permit Issued THG- |
| Reception #           | 111-0268-207-02 | Receipt ID 111-0268-013-20 | 111-0268-013-20    |

### Type of Household Goods Authority Requested – check one      Fee Required

- Provisional and permanent authority. The fee for provisional, and then permanent authority is a one-time fee. – Complete pages 3-8 and Attachment A      \$ 550
- Permanent authority to transfer resulting in a change in ownership or controlling interest (at least six months must be served on a temporary provisional basis) – Complete pages 3-8 and Attachment B      \$ 550
- Permanent authority to transfer under the exceptions in WAC 480-15-187 – Complete pages 3-8 and Attachments B & C      \$ 250
- Reinstatement of permit (must be filed within 30 days of cancellation, depending on criteria set forth in WAC 480-15-450) – Complete pages 3-4 and include a statement justifying the reinstatement      \$ 35
- Name Change – Complete pages 3-4 and Attachment D

### BUSINESS INFORMATION

Legal Name: **Move for Less LLC**

Physical Address: **26 107<sup>th</sup> St SE Everett WA 98208**

Mailing Address: **26 107<sup>th</sup> St SE Everett WA 98208**

Telephone Number: **(425) 344-0258**

Email: [moveforless15@gmail.com](mailto:moveforless15@gmail.com)

## BUSINESS INFORMATION - continued

UBI #: 603615985

USDOT #: 2910237

Department of Labor & Industries Worker's Comp Acct? Account #

Employment Security Department registration number? ESD #

Is your business registered with the Department of Revenue?  No  Yes

## TYPE OF BUSINESS STRUCTURE

Individual  Partnership  Corporation  Other (LP, LLP, LLC) State of Incorporation: WA

List the name, title and percentage of partner's share or stock distribution for major stockholders:

| <u>Name</u>          | <u>Title</u> | <u>Stock Distribution or % of Shares</u> |
|----------------------|--------------|--|
| <u>Yuriy Deyneka</u> | <u>Owner</u> | <u>100 %</u>                             |

**\*Must provide a copy of a valid driver's license or government-issued photo identification card for each person named in the application.**

Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service:

We will provide better than exceptional service with an experienced work force and be as competitive as we can.

Briefly describe your experience in the transportation/household goods moving industry:

My workforce that I plan to hire and I have all worked in the moving industry for 8 years, and know all the aspects of it.

Do you currently hold, or have you ever held, a permit to operate as a motor carrier of property?

No  Yes If yes, please indicate your permit number \_\_\_\_\_

Have you ever applied for and been denied a permit to operate as a motor carrier of property in Washington?

No  Yes If yes, please explain \_\_\_\_\_

Do you currently operate interstate?  No  Yes If yes, please indicate your MC# \_\_\_\_\_

Do you operate interstate as an agent of another company?  No  Yes

If yes, what is the name of the company? \_\_\_\_\_

Do you have, or have you ever had a business related legal proceeding against you in Washington, or in any other state?  
**X No**  Yes If yes, please explain: \_\_\_\_\_

Has any person named in this application, within the past five years, been convicted of any crime involving theft, burglary, sexual misconduct, identity theft, fraud, false statements, or the manufacture, sale, or distribution of a controlled substance?  
**X No**  Yes If yes, please explain: \_\_\_\_\_

Has any person named in this application, been cited for violation of state laws or Commission rules?  
**X No**  Yes If yes, please explain: \_\_\_\_\_

| <b>FINANCIAL STATEMENT</b>  |                 |  |                 |
|---|-----------------|--|-----------------|
| You must complete the following financial statement or attach a balance sheet, profit and loss statement, or business plan. |                 |  |                 |
| <b>Assets</b>   |                 | <b>Liabilities</b>                       |                 |
| Cash in Bank  | \$800           | Salaries/Wages Payable                   | \$              |
| Notes Receivable  | \$              | Accounts Payable                         | \$              |
| Investments   | \$              | Notes Payable                            | \$              |
| Other Current Assets  | \$              | Mortgages Payable                        | \$              |
| Prepaid Expenses  | \$              | <b>TOTAL LIABILITIES</b>                 | <b>\$26,000</b> |
| Land and Buildings  | \$              | <b>NET WORTH</b>                         |                 |
| Trucks and Trailers   | \$27,000        | Preferred Stock                          | \$              |
| Office Furniture  | \$              | Common Stock                             | \$              |
| Other Equipment   | \$600           | Retained Earnings                        | \$              |
| Other Assets  | \$              | Capital                                  | \$              |
| <b>TOTAL ASSETS</b>   | <b>\$28,400</b> | <b>TOTAL LIABILITIES &amp; NET WORTH</b> | <b>\$</b>       |

| <b>EQUIPMENT LIST</b>   |       |                |                   |                      |
|---|-------|----------------|-------------------|----------------------|
| Describe the equipment you will own or lease to provide moving services<br>(attach additional sheets if necessary). |       |                |                   |                      |
| Year  | Make  | License Number | Vehicle ID Number | Gross Vehicle Weight |
| 2012  | Isuzu | C23710G        | JALC4W168C7001186 | 15,900               |
|   |       |                |                   |                      |
|   |       |                |                   |                      |

## SAFETY AND OPERATIONS

CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING (Title 49, Code of Federal Regulations Part 382 and Part 40). If you operate commercial motor vehicles, your drivers must be in a Controlled Substance and Alcohol Use and Testing program. You must have an alcohol and controlled substances testing program. **\*\*Please attach evidence of your enrollment in a drug and alcohol testing program.**

## SAFETY RESPONSIBILITIES

**List the person and position responsible for understanding and complying with the Federal Motor Carrier Safety Regulations (FMCSR) and Washington State Laws and commission rules (WAC) as described below. Please refer to the WAC rules, Fact Sheets and publication "Your Guide to Achieving a Satisfactory Safety Rating" for assistance with requirements that may apply to your specific operations**

COMMERCIAL DRIVER'S LICENSE (CDL) STANDARDS REQUIREMENT AND PENALTIES (Title 49, Code of Federal Regulations Part 383). If you operate commercial motor vehicles, your drivers must have a valid CDL.

DRIVER QUALIFICATION REQUIREMENTS: (Title 49, Code of Federal Regulations Part 391). Each of your drivers must meet minimum qualification requirements. You must maintain driver qualification files for each driver.

DRIVERS HOURS OF SERVICE (Title 49, Code of Federal Regulations Part 395). Each of your drivers must maintain hours of service logs. You must maintain true and accurate hours of service records for each driver.

INSPECTION, REPAIR AND MAINTENANCE (Title 49, Code of Federal Regulations Part 396). You must systematically inspect, repair, and maintain all motor vehicles.

PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION (Title 49, Code of Federal Regulations Part 393). You must maintain parts and accessories in a safe condition.

LIABILITY INSURANCE REQUIREMENTS (WAC 480-15-530). You must file and maintain proof of public liability and proper damage insurance (\$300,000 minimum coverage for vehicles under 10,000 pounds GVWR and \$750,000 minimum coverage for vehicles 10,000 pounds GVWR or more)

CARGO INSURANCE REQUIREMENTS (WAC 480-15-550). You must maintain cargo insurance coverage (\$10,000 for household goods transported in motor vehicles under 10,000 pounds GVWR and \$20,000 for vehicles 10,000 pounds GVWR or more).

Name: Yuriy Deyneka

Position: **Owner**

## OPERATIONAL RESPONSIBILITIES

Annual Reports and Regulatory Fees (WAC 480-15-480). You must annually file a report of your financial operations and pay regulatory fees.

Name: **Yuriy Deyneka**

Position: **Owner**

STATE OF WASHINGTON – general laws, rules and regulations: Individuals and companies doing business in the State of Washington must comply with the regulations of local, state, and federal agencies. Please state the name and position of the person in your organization who will be responsible for ensuring compliance with the laws of the State of Washington, such as, but not limited to the Department of Labor and Industries (industrial insurance, safety, prevailing wage); Department of Licensing (vehicle and drivers licenses, business licensing, Unified Business Identifier (UBI number), fuel permits, fuel tax; Secretary of State (corporate registrations); Department of Transportation (over-size or over-weight permits); Department of Revenue, Internal Revenue Service (taxes); and Employment Security.

Name: **Yuriy Deyneka**

Position: **Owner**

## DECLARATION OF APPLICANT

I understand that filing this application **does not** in itself constitute authority to operate as a household goods mover.

As the applicant for a household goods permit, I understand the responsibilities of a motor carrier and I am in compliance with all local, state and federal regulations governing businesses, including household goods movers, in the state of Washington.

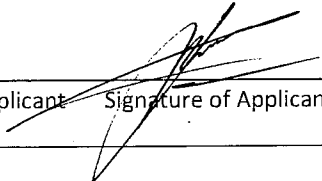
I understand that if the commission grants my application as a new entrant I will receive temporary authority to provide service as a household goods carrier on a provisional basis for at least six months. During this time, the commission will evaluate whether I have met the criteria in WAC 480-15-330 to obtain permanent authority. I also understand that I must comply with all conditions placed on my temporary permit and that failure to do so will result in cancellation of my permit.

My employees are sufficiently trained to comply with commission rules regarding estimates, bills of lading, rates and charges and terms and conditions of household goods moves. In addition, my employees are sufficiently trained to comply with commission rules regarding vehicle operation, maintenance, and all other safety requirements. My company will provide a copy of the customer survey to each customer for whom we provide transportation service.

I certify or declare under penalty of perjury under the laws of the State of Washington that the information contained in this application is true and correct.

**Yuriy Deyneka**

Print name of applicant

  
Signature of Applicant

**Everett WA 3.27.17**

Date and Location

WA  
USA

**WASHINGTON**

**COMMERCIAL  
DRIVER LICENSE**



40 LIC#

1 DEYNEKA  
2 YURIY

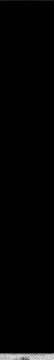
DOB 06-23-1983

15 Sex M 16 Hgt 5-05  
17 Wgt 180 18 Eyes GRN  
9 Class A 10a End NONE  
12 Restrictions NONE

4a Iss 02-18-2016



4b Exp 06-23-2021



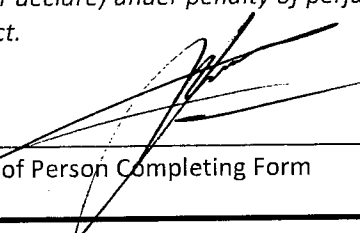
Rev 06-16-2009

**ATTACHMENT A**

**HOUSEHOLD GOODS STATEMENT OF SUPPORT**

Your application must include at least three shipper or public statements supporting the proposed household goods moving service. Shipper statements may come from persons or organizations with a need for household goods moving services, or who support your request for a permit to provide those services. These forms may be copied by you as needed.

**Applicant Name: Yuriy Deyneka**

| <b>The following must be completed by the Supporter of the applicant</b>   |
|--|
| Name, Title, and Business Name:  |
| Address (include street address, mailing address, city, state, zip, and county):   |
| Phone Number:  |
| Do you currently need the services of a residential household goods moving company?<br><input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe your current moving needs:   |
| Do you anticipate a future need for the services of a residential household goods moving company?<br><input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please describe your future moving needs:  |
| Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community:   |
| Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?   |
| <p><i>I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.</i></p> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 45%;">  <p>_____<br/>Signature of Person Completing Form</p> </div> <div style="width: 45%; text-align: right;"> <p>Everett WA 3.27.17<br/>_____<br/>Date and Location</p> </div> </div> |

**HOUSEHOLD GOODS STATEMENT OF SUPPORT**

Your application must include at least three shipper or public statements supporting the proposed household goods moving service. Shipper statements may come from persons or organizations with a need for household goods moving services, or who support your request for a permit to provide those services. These forms may be copied by you as needed.

Applicant Name: *Move for Less LLC*

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: *Bogdan delivery*

Address (include street address, mailing address, city, state, zip, and county):

*19613 81st Ave S Suite a Kent WA 98032*

Phone Number: *253 246 8206*

Do you currently need the services of a residential household goods moving company?

No  Yes If yes, please describe your current moving needs:

*We have lots of moving work in Seattle area usually complexes of apartments*

Do you anticipate a future need for the services of a residential household goods moving company?

No  Yes If yes, please describe your future moving needs:

*We have at least 5 big projects on our schedule that will make us busy for the season*

Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community:

*We need this company to do our contracts since they are professionals that we trust*

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

*Eliza Paul*  
Signature of Person Completing Form

*04/11/2017 Kent*  
Date and Location



**Form E**  
**UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY**  
**DAMAGE LIABILITY CERTIFICATE OF INSURANCE**

Liability Limit: \$750,000

Filed with the WASHINGTON UTILITIES & TRANSPORTATION COMMISSION-OPERATIONS DIVISION (hereinafter called Commission) of PO BOX 47250, OLYMPIA, WA 98504

This is to certify, that the United Financial Cas Co (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to MOVE FOR LESS LLC of 26 107TH ST SE, EVERETT, WA 98208 a policy or policies of insurance effective from 03/24/2017 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days notice in writing to the State Commission, such thirty (30) days notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143

this 24th day of March, 2017

Insurance Company File No. CA 05918602  
(Policy Number)



(Authorized Company Representative)

MC1633a(08/99)

IRB3539B



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**CONFIRMATION**

Thank you for submitting your Annual Report. Your confirmation is **0-001-061-671**

Below is information from your annual report:

|                             |                                      |
|-----------------------------|--------------------------------------|
| <b>Filing Date and Time</b> | 4/11/2017 11:15:32 AM                |
| <b>Legal Entity Name</b>    | MOVE FOR LESS LLC                    |
| <b>UBI</b>                  | 603-615-985                          |
| <b>Physical Address</b>     | 26 107TH ST SE EVERETT WA 98208-7030 |
| <b>Mailing Address</b>      | 26 107TH ST SE EVERETT WA 98208-7030 |
| <b>Payment Method</b>       | ACH Debit/E-Check                    |
| <b>Payment Amount</b>       | \$71.00                              |

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### CORPORATION OR LLC ANNUAL REPORT

| <p><b>BUSINESS INFORMATION</b></p> <ul style="list-style-type: none"> <li><a href="#">Confirm your business</a></li> <li><a href="#">Principal office</a></li> <li><a href="#">Nature of Business</a></li> </ul> <p><b>GOVERNING PEOPLE</b></p> <ul style="list-style-type: none"> <li><a href="#">Governing People</a></li> </ul> | <p><b>GOVERNING PEOPLE</b></p> <p>Governing People</p> <p>Governing persons include owners, partners, officers, and LLC members.</p> <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 80%;">Name</th> <th style="width: 20%;">Delete</th> </tr> </thead> <tbody> <tr> <td>YURIY DEYNEKA</td> <td>Delete</td> </tr> </tbody> </table> <p><a href="#">Add a Governing Person</a></p> | Name | Delete | YURIY DEYNEKA | Delete |
|--|--|------|--------|---------------|--------|
| Name   | Delete   |      |        |               |        |
| YURIY DEYNEKA  | Delete   |      |        |               |        |

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